Company Tracking Number: VDA 210 04/09, ET AL

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: Fixed and Variable Annuity Application

Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

Filing at a Glance

Company: Jackson National Life Insurance Company

Product Name: Fixed and Variable Annuity SERFF Tr Num: JACK-125879671 State: ArkansasLH

Application

TOI: A02.1I Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 40768

Variable and Variable

Sub-TOI: A02.1I.002 Flexible Premium Co Tr Num: VDA 210 04/09, ET AL State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Authors: Julia Braem, Jamie Cook, Disposition Date: 11/05/2008

Julie Hughes, Lynne Gerding

Date Submitted: 11/03/2008 Disposition Status: Approved

Implementation Date Requested: 12/29/2008 Implementation Date:

State Filing Description:

General Information

Project Name: Fixed and Variable Annuity Application

Status of Filing in Domicile: Not Filed

Project Number: VDA 210 04/09, et al

Date Approved in Domicile: 11/03/2008

Requested Filing Mode: Review & Approval Domicile Status Comments: The form is exempt

from filing with Michigan, our State of domicile, by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1,

1997.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 11/05/2008 State Status Changed: 11/05/2008

On manage and discretifing a Translation Neural board VDA 040 04/00 at all

Corresponding Filing Tracking Number: VDA 210 04/09, et al

Filing Description:

Deemer Date:

Company Tracking Number: VDA 210 04/09, ET AL

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: Fixed and Variable Annuity Application

Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

Submitted for your review are the above-referenced application forms. The chart below shows the approved contracts these new applications will be used with and also which currently approved applications are to be replaced:

New Application -- Contract -- Approved -- Replaces -- Approved

VDA 210 04/09 -- VA210 -- October 8, 2004 -- VDA 210 05/07 -- December 1, 2006

VDA 220 04/09 -- VA220 -- June 8, 2004 -- VDA 220 05/07 -- December 1, 2006

VDA 310 04/09 -- VA310 -- February 2, 2006 -- VDA 310 05/07 -- December 1, 2006

VDA 410 04/09 -- VA410 -- June 21, 2004 -- VDA 410 05/07 -- December 1, 2006

Since these applications will only be used with variable contracts, which are regulated as a security by the Security and Exchange Commission, they are not subject to readability requirements. As such, a readability certification has not been included with this submission. These forms will be issued by Jackson National Life Insurance Company, and will be marketed to the general public by appropriately licensed registered representatives through broker/dealers and financial institutions. The issue ages are 0 to 90.

The applications contain fraud language that is specific to individual states. The language is clearly identified as to those states.

The applications are exempt from filing with our home state of Michigan by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997. We have reviewed the enclosed application and certify that to the best of our knowledge and belief, the forms comply with applicable laws and regulations of your jurisdiction. With regard to Regulation 19, Jackson National Life hereby certifies that we do NOT discriminate based on sex in the sale of insurance.

We will receive customer information required to issue a contract from an agent, broker, or financial representative. This information may be forwarded to us by facsimile, telephone, or electronically via the Internet, an extranet, or secure network. We would then issue the annuity contract based upon the information received from the agent, broker or financial representative. The annuity contract, including any contract data page, would then be delivered to the customer. We will maintain appropriate procedures to insure the truth and accuracy of customer information received from the agent, broker or financial representative.

Company Tracking Number: VDA 210 04/09, ET AL

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: Fixed and Variable Annuity Application

Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

In addition to the applications being distributed by our marketing offices (agent, broker, or financial institution) in hard copy, they may be produced electronically, including from our website, with the appropriate security. When printed from an electronic source, the forms may vary slightly in format, paper size, border, and Company logo; however, no language will be added or dropped. Variables within the applications have been bracketed and generally consist of product names, dates and numbers. Additionally, a one-inch square bar code may be placed at the bottom of the forms.

Enclosed please find the required number of copies of the forms and this transmittal letter. Also enclosed are any applicable certification forms and filing fees. Please review the forms and advise whether they have been approved or whether any revisions are needed.

Please contact me by telephone at 800/317-7989, by facsimile at 517/706-5522, or by email at pd&sf@jnli.com, should you have any questions or if additional information is required.

Company and Contact

Filing Contact Information

Jamie Cook, Filing Specialist pd&sf@jnli.com

1 CORPORATE WAY (800) 317-7989 [Phone] LANSING, MI 48951 (517) 706-5522[FAX]

Filing Company Information

Jackson National Life Insurance Company CoCode: 65056 State of Domicile: Michigan

1 Corporate Way Group Code: 918 Company Type: Lansing, MI 48915 Group Name: State ID Number:

(800) 317-7989 ext. [Phone] FEIN Number: 38-1659835

.....

Filing Fees

Fee Required? Yes
Fee Amount: \$80.00
Retaliatory? No

Fee Explanation: \$20.00 per form - 4 forms

Per Company: No

SERFF Tracking Number: JACK-125879671 State: Arkansas

Filing Company: Jackson National Life Insurance Company State Tracking Number: 40768

Company Tracking Number: VDA 210 04/09, ET AL

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: Fixed and Variable Annuity Application

Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Jackson National Life Insurance Company \$80.00 11/03/2008 23671090

 SERFF Tracking Number:
 JACK-125879671
 State:
 Arkansas

 Filing Company:
 Jackson National Life Insurance Company
 State Tracking Number:
 40768

Company Tracking Number: VDA 210 04/09, ET AL

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: Fixed and Variable Annuity Application

Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/05/2008	11/05/2008

Company Tracking Number: VDA 210 04/09, ET AL

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: Fixed and Variable Annuity Application

Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

Disposition

Disposition Date: 11/05/2008

Implementation Date: Status: Approved

Comment:

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 JACK-125879671
 State:
 Arkansas

 Filing Company:
 Jackson National Life Insurance Company
 State Tracking Number:
 40768

Company Tracking Number: VDA 210 04/09, ET AL

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: Fixed and Variable Annuity Application

Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Fixed and Variable Annuity Application		Yes
Form	Fixed and Variable Annuity Application		Yes
Form	Fixed and Variable Annuity Application		Yes
Form	Fixed and Variable Annuity Application		Yes

 SERFF Tracking Number:
 JACK-125879671
 State:
 Arkansas

 Filing Company:
 Jackson National Life Insurance Company
 State Tracking Number:
 40768

Company Tracking Number: VDA 210 04/09, ET AL

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Form Schedule

Lead Form Number: VDA 210 04/09, et al

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VDA 210 04/09	Application/Fixed and Variable Enrollment Annuity Application Form	Initial		0	VDA 210 04- 09 (BASE).pdf
	VDA 220 04/09	Application/Fixed and Variable Enrollment Annuity Application Form	Initial		0	VDA 220 04- 09 (BASE).pdf
	VDA 310 04/09	Application/Fixed and Variable Enrollment Annuity Application Form	Initial		0	VDA 310 04- 09 (BASE).pdf
	VDA 410 04/09	Application/Fixed and Variable Enrollment Annuity Application Form	Initial		0	VDA 410 04- 09 (BASE).pdf

Perspective[™] L Series (04/09) Fixed and Variable Annuity Application (VA210)



Customer Care: 800/873-5654 First Class M

Bank or Financial Institution Customer Care: 800/777-7779

Hours: 8:00 a.m. to 8:00 p.m. ET

Fax: 800/943-6761

E-Mail: contactus@jackson.com

First Class Mail: P.O. Box 30314

Lansing, MI 48909-7814

Overnight Mail: 1 Corporate Way

Lansing, MI 48951

Broker/Dealer/External Account No. (if applicable) 1234	Trade No. (if applicable)	1234	
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USE DARK INK ONLY - ALL PAGES MUST BE COMPLETED FOR "GOOD ORDER"

Registration I	nformatio	n - Pleas	e print										
Owner's Name (Fi		(Middle)		(Last) Doe			Date of Bir 01/01/1	th (mm/dd/yyyy) 973	SSN				
Owner's Name (if	owned by a	non-natural	entity)										
Physical Address (Required)	23 Anystre	eet				City	Anytown		State USA		ZIP 11111	
Mailing Address (if	different from	n Physical A	ddress)				City			State		ZIP	
Sex M □ F	U.S. Citizen Yes		Phone No. 111-11		e area code)	J		E-Mail Addre	ess jdoe@	@email.com		•	
Joint Owner's Nar	ne (Proceed	s will be dist	ributed in	accorda	ance with the	Contrac	ct on the	first death of	either Owne	er.)			
(First)			(Mid	Middle)			(Last)			□ ssn □		☐ TIN (include dashes)	
Physical Address (Required)			City			State		ZIP		Relationship to Owner (Check One) Spouse Other		
Date of Birth (mm/	dd/yyyy)	Sex		U.S. Citizen Phot			ne No. (include area code) E-Mail Add			E-Mail Address			
Annuitant's Name	(if other than	Owner) (Fi	rst) (M	liddle)			(La:	st)			☐ SSN	☐ TIN (include dashes)	
Physical Address (number and	street)	Cit	City			Sta	te	ZIP		Relationship to Owner (Check One) Spouse Other		
Date of Birth (mm/	dd/yyyy)	Sex		U.S. Citi	izen es □No	Phor	ne No. (include area c	ode)	E-Mail Address			
Joint Annuitant's I	Name (if othe	r than Joint	Owner) (First)	(Middle)		(La	st)			☐ SSN	☐ TIN (include dashes)	
Physical Address (number and street)			С	City			Sta	te	ZIP		Relationshi Spouse Other_	ip to Owner (Check One)	
Date of Birth (mm/	dd/yyyy)	Sex		U.S. Citi	izen es □No	Phor	ne No. (include area c	ode)				

ARIZONA RESIDENTS, PLEASE NOTE: RIGHT TO EXAMINE. On written request, the Company will provide to the contract Owner, within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If, for any reason, the contract Owner is not satisfied, the Contract may be returned to the Company or agent within 10 days (30 days if YOU WERE AGE 65 OR OLDER ON THE DATE THE APPLICATION WAS SIGNED or it was purchased as a replacement contract) after delivery and the Contract Value, without deductions for any sales charges for the business day on which the Contract is received at its Service Center, will be returned.

Beneficiary De	signation - Please print									
Percentages must	equal 100% for each beneficiary tymes, percentages, and other requir	/pe. For additional benefic	ciaries,	please attach a sep	parate sheet,	signed and dated by	the Owner,			
Which includes har	Name Jane J. Doe SSN ☐ TIN (incluing 123-45-6789)									
Primary	Relationship to Owner (Check One	Date of Birth (mm/dd/yyyy) Add	ress (number and stre		City, State, ZIP	100%			
	Spouse Other	01/01/1973	123	3 Anystreet		Anytown, USA	11111			
□Primary	Name		'		□ SSN □	TIN (include dashes)	Percentage (%)			
Contingent	Relationship to Owner	Address (number and stree	et)			City, State, ZIP				
-	Name				□ SSN □	TIN (include dashes)	Percentage (%)			
□Primary		-								
Contingent	Relationship to Owner	Address (number and stree	et)			City, State, ZIP				
□Primary	Name				☐ SSN ☐	TIN (include dashes)	Percentage (%)			
□Contingent	Relationship to Owner	Address (number and stre	et)			City, State, ZIP				
Annuity Type										
— .	C1*			- · ·	т С	:e:	\neg			
∏ X IRA - Tradit □ IRA - Roth*		□ IRA - SEP □ IRA - Stretch			on-Tax Qual 01(k) Qualifie	iified ed Savings Plan				
*Tax Contribut	tion Years and Amounts:	☐ Corporate Pe		Plan 🗌 HI	R-ÌÓ (Keogh	n) Plan				
Year: Year:	\$ \$)3(b) TSA ([ther	Direct Transfer On	ly)			
L rear.	Ψ									
Transfer Inform	nation									
Non Qualified	Plana Only Trans	sfer request submitted	directl	y to another instit	tution by the	applicant? □	Yes 💢 No			
Non-Qualified ☐ IRC 10	35 Eychange II yes	s, complete the followin	g:	_			,			
│	035 Exchange Antic	ipated Amount:	(/-							
Qualified Plans	Jostit	ipated Date of Receipt ution releasing funds: _	(mm/c	aa/yyyy):						
☐ Direct ☐ Direct ☐ Direct F		unt Number:								
	rect Rollover For a	applicant initiated trar			not take ar	y action to initia	te this			
	_ trans	sfer unless we are ins	tructe	ed otherwise.						
Initial Premium	1			Annuitization I	ncome Dat	е				
Amount of prem	ium with application: $\frac{50.0}{}$	00		Please specify	date (mm/c	ld/yyyy):				
	or					ecified, the Compa				
Make checks p	ayable to Jackson National	Life Insurance Compa	any®	default to the La	atest Income	Date as shown ir	the contract.			
Statement Reg	arding Existing Policies or A	nnuity Contracts - Mu	ust co	mplete for "Goo	od Order"					
I (We) certify	that: (check one)									
☑ I (We)	do not have any existing life	e insurance policies o	or anr	nuity contracts.						
	do have existing life insura									
life ins	urance_polici <u>e</u> s or annuity e <i>ment <mark>(X0512</mark> - state varia</i>	contracts you must	prese	ent and read to	the Appli	cant the <i>Notice</i>	Regarding			
	ant, with the Application.	ионз тау арргу) апс	ı retu	irii tile Notice, s	signed by i	Join the Produc	er and the			
	•									
	CO	MPLETEX0512W	/HER	RE REQUIRED)					
Replacement										
Are you repla	cing an existing life insur	ance policy or ann	uitv c	ontract? (ched	ck one)					
⊠ No			,	(3333	,					
	Yes", complete the following	replaced company i	nform	ation.						
Company Name		C	ontract	No.	Ar \$	nticipated Transfer Amo	ount			
Company Name			Ontract	No		nticipated Transfer Am	nunt			
Company wante	me Contract No. Anticipated Transfer Amount \$									

Optional Death Benefits All optional death benefits may not be a	available in all states and once selected cannot be changed.									
All optional death benefits may not be available in all states and once selected cannot be changed. If no Optional Death Benefit is selected your beneficiary(ies) will receive the standard death benefit. Please see the prospectus for details. May select only one Optional Death Benefit: (Owner Ages 0-79) An Optional Death Benefit may not be selected in combination with LifeGuard Freedom DB (a Guaranteed Minimum Withdrawal Benefit.) 1.										
	Guaranteed Living Benefit Options (continued)									
□ EarningsMax® (Ages 0-75) B. Contract Enhancement Options (Ages 0-87) (may select only one) □ 2% of first-year premium □ 3% of first-year premium □ 4% of first-year premium □ 5% of first-year premium □ 6 (Ages 0-75) Guaranteed Minimum Accumulation Benefit (GMAB) □ Jackson GMAB → 2,3 (Ages 0-80) Additional charges w □ 1 If selected, premium payments will not be accepted aff □ 2 May not be selected in combination with a Contract Er accepted after 90 days of the Issue Date. The require □ 3 If selected, the total number of elections in the Premium □ 4 May not be selected in combination with an Optional □ □ 5 For Non-Qualified plans, spousal joint ownership requirensure the Joint Owner section on Page 1 (including the For Qualified plans, 100% spousal primary beneficiary	Guaranteed Minimum Withdrawal Benefits (GMWB) SafeGuard Max SM (Ages 0-85) (GMWB with 5-Year Step-Up) AutoGuard® 5 (Ages 0-80) (5% GMWB with Annual Step-Up) AutoGuard 6 (Ages 0-80) (6% GMWB with Annual Step-Up) LifeGuard Freedom May (Ages 45-80) (For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up) LifeGuard Freedom DB M 4 (Ages 45-75) (For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit) LifeGuard Freedom with Joint Option 5,6 (Ages 45-80) (Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up) LifeGuard Select Mith Bonus, GWB Adjustment, & Annual Step-Up) LifeGuard Select with Joint Option 3,5,6 (Ages 55-80) (For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up) LifeGuard Select with Joint Option 3,5,6 (Ages 55-80) (Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up) will apply. Please see the prospectus for details. ter the first Contract Year. thancement or with the Capital Protection Program. Premium payments will not be diallocation percentage may be obtained from the Company. m Allocation section may not exceed 17. beath Benefit. ired unless non-natural owner, then spousal joint annuitants required. Please is "Relationship to Owner" box) is properly completed. designation required. Please ensure the Primary Beneficiary section on Page 2									
(including the "Relationship to Owner" box) is properly	completed. Not available on Custodial Accounts.									
Systematic Investment ☐ Check here for Automatic Rebalancing. Only Investment Division(s) selected in the Premium Alloc section and the 1-year Fixed Account (if selected participate in the program. The 3-, 5- and 7-year Accounts are not available for Automatic Rebalancing. Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual	oration 030% 6-month Fixed 032% 12-month If DCA+ is selected, you must attach the Systematic Investment Form (V2375).									
Start Date: If no date is selected, the program will begin month/quarter/half year/year (depending on the frequyou selected) from the date Jackson applies the premium payment. If no frequency is selected, the frequwill be annual. No transfers made on days 29, 30 ounless set up on an annual frequency.	first in the Premium Allocation section may not exceed 17.									

Premium Allocation	PLEASE SELECT FROM THE FOLLOWING INVESTMENT DIVISIONS AND FIXED ACCOUNT OPTIONS
i remium Anocation	TOTAL NUMBER OF ELECTIONS BELOW MAY NOT EXCEED 18 TO TAL ALLOCATION MUST EQUAL 100%

			OW MAT NOT EXCL	rrp[id].	TOTAL ALLOCATION MOST EQUAL 100%			
- Numb	or	Investment Divisions JNL®/AIM	Number		INI /Mollon (continued)			
	100			0/	JNL/Mellon (continued)			
113		International Growth	242		Index 5			
196		Large Cap Growth	243		10 x 10			
206		Global Real Estate	191		Communications Sector			
195	%	Small Cap Growth	185		Consumer Brands Sector			
		JNL/Capital Guardian	189		Financial Sector			
150	%	Global Balanced	188		Healthcare Sector			
103	%	Global Diversified Research	190	%	Oil & Gas Sector			
250	%	International Small Cap	187	%	Technology Sector			
102	%	U.S. Growth Equity	054		Enhanced S&P 500 Stock Index			
		JNL/Credit Suisse			JNL/Oppenheimer			
066	%	Global Natural Resources	173	%	Global Growth			
068		Long/Short	170 _		JNL/PAM			
000		JNL/Eagle	272	0/_	Asia ex-Japan			
115	0/	•			•			
115		Core Equity	273		China-India			
116	%	SmallCap Equity	070	0.4	JNL/PIMCO			
		JNL/Franklin Templeton	078		Real Return			
062		Founding Strategy	127	%	Total Return Bond			
069	%	Global Growth			JNL/PPM America			
075	%	Income	105	%	Core Equity			
064	%	Mutual Shares	136	%	High Yield Bond			
208	%	Small Cap Value	293	%	Mid Cap Value			
		JNL/Goldman Sachs			Small Cap Value			
110	%	Core Plus Bond	106		Value Equity			
059		Emerging Markets Debt			JNL/Red Rocks			
207		Mid Cap Value	300	0/_	Listed Private Equity			
1		Short Duration Bond	300		• •			
076			404	0/	JNL/Select			
400	0.4	JNL/JPMorgan		%				
126		International Value			Money Market			
101		MidCap Growth	179	%	Value			
109	%	U.S. Government & Quality Bond			JNL/T. Rowe Price			
		JNL/Lazard	111		Established Growth			
077	%	Emerging Markets	112	%	Mid-Cap Growth			
132	%	Mid Cap Equity	149	%	Value			
131	%	Small Cap Equity			JNL/S&P Strategic			
		JNL/M&G	292	%	S&P 4			
060	%	Global Basics	274		Competitive Advantage			
061		Global Leaders	278		Dividend Income & Growth			
001		JNL/Mellon Capital Management	279 <u> </u>		Intrinsic Value			
224	0/							
224		JNL 5	280		Total Yield			
145	%				JNL/S&P Managed			
193	%		227		Conservative			
183	%			%				
184	%				Moderate Growth			
186		Select Small-Cap	118	%				
079	%	JNL Optimized 5	119	%	Aggressive Growth			
225	%				JNL/S&P Retirement			
096		Dow Dividend	097	%	Retirement Income			
299		European 30			Retirement 2015			
222		Nasdaq® 25			Retirement 2020			
244		NYSE® International 25	100		Retirement 2025			
1		Pacific Rim 30	100					
298			070	0/	JNL/S&P Disciplined			
074		S&P 24	070		Moderate Oracuth			
248		S&P SMid 60	071		Moderate Growth			
223		Value Line® 30	072	%	Growth			
123		S&P 500 [®] Index			Fixed Account Options			
124		S&P 400 MidCap Index	041		1-Year			
128	%	Small Cap Index		%				
129		International Index		%				
133		Bond Index	047		7-Year			
		_			- 1			
		To select CAPITAL PROTECTION	UN PRUGRAM, PI	iease see	next page.			

_										
Capital Protection Program										
☐ Yes 📈 No (If no selection is made, Jackson will default to "No.")										
If you marked "Yes", which Fixed Account Option do you wish to select for the Capital Protection Program? Select only one.										
☐ 1-Year ☐ 3-Year ☐ 7-Year										
Having selected the Capital Protection Program, the balance of your initial premium will be allocated as indicated in the Premium Allocation Section on page 4.										
Telephone/Electronic Transfers Authorization										
Do you wish to authorize these types of transfers? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
Electronic Delivery of Statements/Correspondence										
I (We) consent 文 to electronic delivery of the following:										
This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by e-mail or by notice to you of a document's availability on a web-site.										
I (We) do not consent ☐ to electronic delivery for any of the documents listed above.										
The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows:										
To view and download material electronically, you must have a computer with Internet access, an active e-mail account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.										
I (We) do ⊠ do not ☐ have ready access to computer hardware and software that meet the above requirements. My e-mail address is:idoe@email.com I (We) will notify the company of any new e-mail address.										
There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current e-mail address. Also let Jackson know if that e-mail address changes. We may need to notify you of a document's availability through e-mail. You may request paper copies, whether or not you										

hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current e-mail address. Also let Jackson know if that e-mail address changes. We may need to notify you of a document's availability through e-mail. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your e-mail address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

NOTICE TO APPLICANT:

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, TENNESSEE, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: It is a crime to knowingly provide **false**, incomplete or **misleading** information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines and/or a denial of insurance benefits.

MARYLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is quilty of a crime and may be subject to fines and confinement in prison.

V4673 04/09

IMPORTANT - Please read carefully - Signature(s) required below.

- 1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
- 2. I (We) certify that the Social Security or Taxpayer Identification number(s) shown above is (are) correct.
- 3.1 (We) understand that annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.
- 4. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
- 5. The contract I (We) have applied for is suitable for my (our) insurance and investment objectives, financial situation and needs.
- 6. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my contract value.
- 7. I (We) understand that allocations to the Fixed Account Options are subject to an adjustment if withdrawn or transferred prior to the end of the applicable period, which may reduce amounts withdrawn or transferred.

Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.											
Owner's Name (Please print) John J. Doe		Owner Ti	tle (If owned by a	n entity)							
Owner's Signature John J. Doe	l	Date Signed (mm/dd/yyyy) 10/31/2008 State where signed USA									
Joint Owner's Signature			Date Signed (mm	/dd/yyyy	')	State where signed					
Annuitant's Signature (if other than Owner)			Date Signed (mm/dd/yyyy)				State where signed				
Joint Annuitant's Signature (if other than Joint Owner)			Date Signed (mm	/dd/yyyy	')	State w	here signed				
Producer/Representative Information - Please p	rint										
Producer/Representative's Full Name (First) Paul	(Middle) P.		(Last) Produc	er	ı	Phone No. (include area code)					
Address (number and street) 123 Anystreet		City An	ytown	\$	State US	USA ZIP (xxxxx-xxxx) 11111-1111					
E-Mail Address producer@email.com	Contact your hor	home office for program information. (If none indicated, designated default will be used. on A ★Option B □ Option C □ Option D									
Broker/Dealer Name ABC Agency Broker	/Dealer Representativ	ve No. 12	223	Jacksoi	n Produc	er/Repre	sentative No. 1234				
Producer/Representative's Statement - Signature	re required belo	w - This	entire section	n must	t be co	mplete	d for "Good Order"				
Producer/Representative's Certification Re Important Note: Complete this certification see Regarding Existing Policies or Annuity Contra Replacement (Form X0512 - state variations representations of the Contract of the Con	ction only if the cts and answe	applica	int answered								
I certify that: (check one)											
☑ I did not use sales material(s) during the ☐ I used only Jackson-approved sales material in addition, copies of all approved sales. In addition, c	aterial(s) during	the pre	sentation of t	this Ja	ckson	produ	ct to the applicant.				
I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790] - state variations may apply) and ensure that this replacement (if applicable) is consistent with that position. By signing this form, I certify that the statement regarding any applicable life insurance policies or annuity contracts and the statement regarding sales material have been answered correctly to the best of my knowledge.											
I certify that: I am authorized and qualified to to the client, including contract restrictions an situation and needs; I have complied with red best of my knowledge and belief the applica annuity contract is being replaced is true and	nd charges; I be quirements for ant's statement	elieve tl disclos	nis transactio ures and/or r	n is si eplace	uitable ements	given as ne	the client's financial ecessary; and to the				
Producer/Representative's Signature Paul P. Produce	rer					Date Signed (mm/dd/yyyy) 10/31/2008					

Not FDIC/NCUA insured • Not Bank/CU guaranteed • May lose value Not a deposit . Not insured by any federal agency





Customer Care: 800/873-5654

Bank or Financial Institution Customer Care: 800/777-7779

Hours: 8:00 a.m. to 8:00 p.m. ET

Fax: 800/943-6761

E-Mail: contactus@jackson.com

1234

Broker/Dealer/External Account No. (if applicable)

www.jackson.com

First Class Mail: P.O. Box 30314

Lansing, MI 48909-7814

Overnight Mail: 1 Corporate Way

Lansing, MI 48951

USE DARK IN	IK ONLY -	ALL PA	GES N	MUST I	BE COMPLE	TED I	FOR "GOO	D ORD	ER"	•		
Registration	Informatio	n - Plea	se pri	int								
Owner's Name (First)	(Middle)			(Last)				Date of Bir	th (mm/dd/vvvv)	X SSN	☐ TIN (include dashes
John			J		Γ	Ooe			(01/01/1973		45-6789
Owner's Name (if owned by a	non-natur	al entity	y)								
Physical Address	(Required)	23 Anys	treet				City Anyto	wn		State USA		ZIP 11111
Mailing Address	(if different fror	n Physical	Addres	s)			City			State		ZIP
Sex M □ F	U.S. Citizen			e No. (ind	clude area code) I-1111)	I.	E-Mail	Address	doe@email.co	m	l
Joint Owner's N	ame (Proceed	ds will be di	istribute	ed in acco	ordance with the	e Contra	ct on the first o	death of e	either Owne	er.)		
(First)			(1	Middle)	Middle)			(Last)			☐ SSN	☐ TIN (include dashes
Physical Address	(Required)				City	y State			ZIP	ZIP Relationship to Owner (Che		
Date of Birth (mn	n/dd/yyyy)	Sex	м 🗆 ғ	_	U.S. Citizen Phone No. (includ			clude area code) E-Mail Addro				
Annuitant's Nam	e (if other thar	n Owner) (First)	(Middle)			(Last)				☐ SSN	☐ TIN (include dashes
Physical Address	s (number and	street)		City			State		ZIP		Relationship to Owner (Check One	
Date of Birth (mn	n/dd/yyyy)	Sex 🗆 M	□F	_	S. Citizen] Yes □ No	Phone	No. (include a	area code	e)	E-Mail Address		
Joint Annuitant's	s Name (if other	er than Joi	nt Owne	er) (First) (Middle)	•	(Last)				☐ SSN	☐ TIN (include dashes
Physical Address (number and street)			City	•		State		ZIP		Relationship Spouse Other	p to Owner (Check One)	
Date of Birth (mn	Пғ		S. Citizen Yes □No	Pho	ne No. (includ	e area co	ode)					

Trade No. (if applicable)

1234

ARIZONA RESIDENTS, PLEASE NOTE: RIGHT TO EXAMINE. On written request, the Company will provide to the contract Owner, within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If, for any reason, the contract Owner is not satisfied, the Contract may be returned to the Company or agent within 10 days (30 days if YOU WERE AGE 65 OR OLDER ON THE DATE THE APPLICATION WAS SIGNED or it was purchased as a replacement contract) after delivery and the Contract Value, without deductions for any sales charges for the business day on which the Contract is received at its Service Center, will be returned.

Beneficiary De	signation - Please print					
Percentages must	equal 100% for each beneficiary ty		iaries, please attach a se	parate sheet, s	signed and dated by	the Owner,
which includes nar	mes, percentages, and other requir	ed information.		10 P		Dance de la 100
Primary	Name Jane Doe			123-45-6	TIN (include dashes) 789	Percentage (%) 100%
1 milary	Rejationship to Owner (Check One) Spouse Other	Date of Birth (mm/dd/yyyy) 01/01/1973	Address (number and str 123 Anystreet	eet)	City, State, ZIP Anytown, USA	11111
□ Drimon/	Name			SSN D	TIN (include dashes)	Percentage (%)
☐ Primary ☐ Contingent	Relationship to Owner	Address (number and stree	t)		City, State, ZIP	
□Primary	Name	1		SSN D	TIN (include dashes)	Percentage (%)
Contingent	Relationship to Owner	Address (number and stree	rt)		City, State, ZIP	•
□ Primary	Name	•		SSN D	TIN (include dashes)	Percentage (%)
Contingent	Relationship to Owner	Address (number and stree	et)		City, State, ZIP	
Annuity Type						
		□ IRA - SEP □ IRA - Stretch □ Corporate Pe	□ 4 nsion Plan □ H □ 4	IR-10 (Keogh	ed Savings Plan n) Plan Direct Transfer On	 ly)
Transfer Inforr	mation					
☐ Non-10: Qualified Plans ☐ Direct T ☐ Direct R	ransfer Institution Account Nect Rollover For applic	d Amount: d Date of Receipt (mm/o releasing funds: lumber: cant initiated transfers e are instructed other	dd/yyyy): s, Jackson [™] will not			s transfer
Initial Premiun	n		Annuitization	Income Date	е	
Check o	nium with application: \$_\$50,0 or ☐ Wire (check one) payable to Jackson National I			ate is not spe	ld/yyyy):ecified, the Compa e Date as shown ir	-
Statement Reg	arding Existing Policies or A	nnuity Contracts - Mu	ıst complete for "Go	od Order"		
☐ I (We) ☐ I (We) life ins Replac	that: (check one) do not have any existing life do have existing life insura urance policies or annuity ement [X0512]- state varia ant, with the Application.	nce policies or annuit	ty contracts. Product present and read to return the Notice,	cer: If the Apolice the Application the Application to the Application	cant the Notice	Regarding
Replacement						
Are you repla	ncing an existing life insur		,	ck one)		
Company Name		Co	ontract No.	An \$	nticipated Transfer Amo	ount
Company Name		Co	ontract No.	Ar \$	nticipated Transfer Am	ount

Page 2 of <u>6</u>
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Optional Death Benefits	available in all states and successful several be abouted
·	available in all states and once selected cannot be changed. ary(ies) will receive the standard death benefit. Please see the prospectus
May select only one Optional Death Benefit: (Owner An Optional Death Benefit may not be selected in Withdrawal Benefit.)	er Ages 0-79) combination with LifeGuard Freedom DB (a Guaranteed Minimum
 □ 5% Roll-Up Death Benefit (4% if the Owner □ 6% Roll-Up Death Benefit (5% if the Owner □ Highest Quarterly Anniversary Value Death □ Combination of Options 1 and 3 above □ Combination of Options 2 and 3 above 	r is age 70 or older on the date of issue)
	apply. Please see the prospectus for details.
Other Optional Benefits	
All optional benefits may not be available	e in all states and once selected <u>cannot</u> be changed. ant(s), Owner(s) or Covered Live <u>s.</u> Please see the prospectus for details.
_	Guaranteed Living Benefit Options (continued)
A. Earnings Protection Benefit ☐ EarningsMax® (Ages 0-75)	Guaranteed Living Benefit Options (continued) Guaranteed Minimum Withdrawal Benefits (GMWB)
	☐ SafeGuard Max sm (Ages 0-85)
B. Withdrawal Options	(GMWB with 5-Year Step-Up)
☐ 20% Free Withdrawal Benefit¹	□ AutoGuard® 5 (Ages 0-80)
☐ 5-Year Withdrawal Charge Schedule	(5% GMWB with Annual Step-Up) □ AutoGuard 6 (Ages 0-80)
C. Contract Enhancement Options (Ages 0-87)	(6% GMWB with Annual Step-Up)
(may select only one)	☐ LifeGuard Freedom SM (Ages 45-80)
☐ 2% of first-year premium	(For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
☐ 3% of first-year premium☐ 4% of first-year premium	☐ LifeGuard Freedom DB ^{SM 5} (Ages 45-75)
☐ 5% of first-year premium ²	(For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit)
	☐ LifeGuard Freedom with Joint Option ^{6,7} (Ages 45-80)
D. Guaranteed Living Benefit Options	(Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
(may select only one GMIB, GMAB or GMWB)	☐ LifeGuard Select ^{SM 4} (Ages 55-80)
Guaranteed Minimum Income Benefit (GMIB) ☐ FutureGuard SM 6 (Ages 0-75)	(For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up) ☐ LifeGuard Select with Joint Option ^{4,6,7} (Ages 55-80) (Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)
Guaranteed Minimum Accumulation Benefit (GMAB) □ Jackson GMAB ^{SM 3,4} (Ages 0-80)	(John Tor Life Givivib with Borids, GWB Adjustment, & Alindar Glep-Op)
Additional charges v	vill apply. Please see the prospectus for details.
¹ May not be selected in combination with either the 3%,	
² If selected, premium payments will not be accepted aft ³ May not be selected in combination with a Contract En	er the first Contract Year. hancement or with the Capital Protection Program. Premium payments will not be d allocation percentage can be obtained from the Company. n Allocation section may not exceed 17.
ensure the Joint Owner section on Page 1 (including the	designation required. Please ensure the Primary Beneficiary section on Page 2
Systematic Investment	
☐ Check here for Automatic Rebalancing. Only	/ the DCA+ (\$15,000 contract minimum)
Investment Division(s) selected in the Premium Alloc	cation 030% 6-month
section and the 1-year Fixed Account (if selected)) Will 022 9/ 12 month
participate in the program. The 3-, 5- and 7-year I Accounts are not available for Automatic Rebalancing.	If DCA+ is selected, you must attach the Systematic
Frequency: Monthly Quarterly	Investment Form (V2375).
Start Date:	DCA+ provides an automatic monthly transfer to the selected Investment Division(s) so the entire amount invested in this
Start Date:	program plus carnings, will be transferred by the and of the
If no date is selected, the program will begin month/quarter/half year/year (depending on the frequency you selected) from the date Jackson applies the premium payment. If no frequency is selected, the frequency is selected, the frequency is selected.	DCA+ term selected. If selected, the total number of elections in the Premium Allocation section may not exceed 17.
will be annual. No transfers made on days 29, 30 o unless set up on an annual frequency.	r 31,

remium	Allocatio	n PLEASE SELECT FROM THE FOLLOW TOTAL NUMBER OF ELECTIONS MAY	NOT EXCEED	MENT DIVISI D <u>18</u> • TO	ONS AND FIXED ACCOUNT OPTIONS TAL ALLOCATION MUST EQUAL 100%
		Investment Divisions	Number		JNL/Mellon (continued)
lumber		JNL®/AIM	242 _		Index 5
13 _	<u>100 </u> %	International Growth	243 _	%	10 x 10
96 _	%	Large Cap Growth	191 _	%	Communications Sector
06 _	%	Global Real Estate	185 _	%	Consumer Brands Sector
95 _	%	Small Cap Growth	189 _		Financial Sector
		JNL/Capital Guardian	188 _	%	Healthcare Sector
50 _		Global Balanced	190 _		Oil & Gas Sector
03 _		Global Diversified Research	187 _	%	Technology Sector
50 _	%	International Small Cap	054 _		Enhanced S&P 500 Stock Index
02 _	%	U.S. Growth Equity			JNL/Oppenheimer
		JNL/Credit Suisse	173 _		Global Growth
66 _	%	Global Natural Resources			JNL/PAM
68 _	%	Long/Short	272 _	%	Asia ex-Japan
		JNL/Eagle	273 _	%	China-India
15 _	%	Core Equity			JNL/PIMCO
16 _	%	SmallCap Equity	078 _	%	Real Return
		JNL/Franklin Templeton	127 _	%	Total Return Bond
62 _	%	Founding Strategy			JNL/PPM America
69 _		Global Growth	105 _	%	Core Equity
75 _		Income			High Yield Bond
64 _	%	Mutual Shares			Mid Cap Value
08 _		Small Cap Value	294 _		Small Cap Value
		JNL/Goldman Sachs	106 _		Value Equity
10 _	%	Core Plus Bond			JNL/Red Rocks
59 _		Emerging Markets Debt	300 _		Listed Private Equity
07 _		Mid Cap Value	-		JNL/Select
76 <u> </u>		Short Duration Bond	104 _		Balanced
_		JNL/JPMorgan	_		Money Market
26 _	%	International Value	179 _		Value
		MidCap Growth			JNL/T. Rowe Price
09 _		U.S. Government & Quality Bond	111 _		Established Growth
· –		JNL/Lazard	112		Mid-Cap Growth
77 _	%	Emerging Markets	149 _		Value
32 _		Mid Cap Equity	110 _		JNL/S&P Strategic
31 _		Small Cap Equity	292 _		S&P 4
ŭ. <u> </u>		JNL/M&G	274 _		Competitive Advantage
60 _	%	Global Basics	278 _		Dividend Income & Growth
61 <u> </u>		Global Leaders	279 _		Intrinsic Value
01 _		JNL/Mellon Capital Management	280 _		Total Yield
24 _	%		200 _		JNL/S&P Managed
	%		227 _		Conservative
	% %			%	
		Global 15			
	% %			% %	Moderate Growth
		Select Small-Cap	119 _		Aggressive Growth
		JNL Optimized 5	007		JNL/S&P Retirement
	%		097 _		Retirement Income
		Dow Dividend			Retirement 2015
		European 30			Retirement 2020
		Nasdaq® 25	100 _		Retirement 2025
		NYSE [®] International 25	070		JNL/S&P Disciplined
		Pacific Rim 30	070 _		Moderate
	%				Moderate Growth
		S&P SMid 60	072 _		Growth
		Value Line® 30			Fixed Account Options
		S&P 500 [®] Index	041 _	%	
		S&P 400 MidCap Index		%	
28 _		Small Cap Index	045 _	%	
29 _	%	International Index	047 _	%	7-Year

Capital Protection Program	
☐ Yes 📈 No (If no selection is made, Jackson will default to "No.")	
If you marked "Yes", which Fixed Account Option do you wish to select for the Capital Protection Program? Select only one.	
☐ 1-Year ☐ 3-Year ☐ 5-Year ☐ 7-Year	
Having selected the Capital Protection Program, the balance of your initial premium will be allocated as indicated in the Premium Allocation Section on page 4.	
Telephone/Electronic Transfers Authorization	
Do you wish to authorize these types of transfers?	
By checking "Yes", I (We) authorize Jackson National Life Insurance Company (Jackson) to accept fund transfers/allocation changes via telephone, Internet, or other electronic medium from me (us) and my (our) Representative subject to Jackson's administrative procedures. Jackson has	
administrative procedures that are designed to provide <i>If no election is made, Jackson will default to "No" for residents of reasonable assurances that telephone/electronic authorizations <i>North Dakota and New Hampshire and to "Yes" for residents of all are genuine.</i> If Jackson fails to employ such procedures, it may <i>other states.</i></i>	

Electronic Delivery of Statements/Correspondence

procedures.

be held liable for losses resulting from a failure to use such

I (We) consent X to electronic delivery of the following:

☑ quarterly statements ☐ prospectuses and prospectus supplements

☑ periodic and immediate confirmations
☑ proxy and other voting materials, related correspondence

🛮 annual and semi-annual reports 🔻 other documents from Jackson National Life Insurance Company.

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by e-mail or by notice to you of a document's availability on a web-site.

I (We) do not consent ☐ to electronic delivery for any of the documents listed above.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows:

To view and download material electronically, you must have a computer with Internet access, an active e-mail account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current e-mail address. Also let Jackson know if that e-mail address changes. We may need to notify you of a document's availability through e-mail. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your e-mail address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

NOTICE TO APPLICANT:

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, TENNESSEE, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: It is a crime to knowingly provide **false**, incomplete or **misleading** information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines and/or a denial of insurance benefits.

MARYLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

____Page 5 of 6 V4173 04/09

IMPORTANT - Please read carefully - Signature(s) required below.

- 1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
- 2. I (We) certify that the Social Security or Taxpayer Identification number(s) shown above is (are) correct.
- 3. I (We) understand that annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.
- 4. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
- 5. The contract I (We) have applied for is suitable for my (our) insurance and investment objectives, financial situation and needs.
- 6. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my contract value.
- 7. I (We) understand that allocations to the Fixed Account Options are subject to an adjustment if withdrawn or transferred prior to the end of the applicable period, which may reduce amounts withdrawn or transferred.
- 8. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant or Joint Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

Owner's Title (If owned by an entity)

John J. Doe					-			
Owner's Signature John J. Doe			Date Signed (mm/dd/vvvv) State who 10/31/2008				where signed USA	
Joint Owner's Signature		Date Signed (mr	n/dd/yyyy	′)	State where signed			
Annuitant's Signature (if other than Owner)			Date Signed (mr	n/dd/yyyy	<i>'</i>)	State w	here signed	
Joint Annuitant's Signature (if other than Joint Owner)			Date Signed (mr	n/dd/yyyy	′)	State w	here signed	
Producer/Representative Information - Please	print							
Producer/Representative's Full Name (First) Paul	(Middle)		(Last) Produc	er	- 1	one No. 11-111-	(include area code) 1111	
Address (number and street) 123 Anystreet		City Any	ytown	:	State USA		ZIP (xxxxx-xxxx) 11111-1111	
E-Mail Address producer@email.com	Contact your h			nation. (If Option C			esignated default will be	used.)
Broker/Dealer Name ABC Agency Brok	er/Dealer Representa	ative No.	23	Jackso	n Produc	er/Repre	sentative No.	
Producer/Representative's Statement - Signat	ure required be	low - This	entire section	n mus	t be co	mplete	d for "Good Orde	er"
Producer/Representative's Certification R Important Note: Complete this certification s Regarding Existing Policies or Annuity Contr Replacement (Form X0512 - state variations	ection only if the acts and answ	e applica	ant answered	l affirm questic	atively on 1 or	to the 2 on t	e Statement he Notice Regar	ding
Important Note: Complete this certification s Regarding Existing Policies or Annuity Contra	ection only if the acts and answ	e applica	ant answered	l affirm questic	atively on 1 or	to the 2 on t	e Statement he Notice Regar	ding
Important Note: Complete this certification s Regarding Existing Policies or Annuity Contractions Replacement (Form X0512 - state variations	ection only if the racts and answar apply). The presentation atternation of the presentation of the pres	e applica ered "Ye n of this a	ant answered s" to either of Jackson procesentation of	questic duct to this Ja	n 1 or the ap	2 on to	he Notice Regar t. ct to the applica	
Important Note: Complete this certification's Regarding Existing Policies or Annuity Control Replacement (Form X0512] - state variations I certify that: (check one) I did not use sales material(s) during the sales only Jackson-approved sales on the sales of the s	ection only if the racts and answard and answard apply). The presentation aterial(s) during material(s) used to the Acception applicable) is consurance policional and applicable applicab	e applicate ered "Ye on of this on of this on of this one of the present of the p	Jackson procesentation of the presentation of the presentation of with that positive in the positive contract.	duct to this Jation vents () sition.	the apackson were le (ADV5 By sig	2 on to policant product with 5790 - ning the	t. ct to the applica the applicant. state variations is form, I certify	nt. may that
Important Note: Complete this certification's Regarding Existing Policies or Annuity Contribute Replacement (Form X0512] - state variations I certify that: (check one) I did not use sales material(s) during the state only Jackson-approved sales in addition, copies of all approved sales. I have read Jackson's Position With Resperapply) and ensure that this replacement (if a statement regarding any applicable life.	ection only if the racts and answards and answards and answards and answards and answards and	e applicate ered "Ye on of this age the prededuring obtability consistent cies or a nowledge contract helieve to disclos	Jackson procesentation of g the present with that positive contraction applied his transaction ures and/or	duct to this Jatation vents () sition. acts ar d for; I on is sreplace	the apackson were le (ADV5 By signd the have the uitable	2 on to policant product with staten fully exercises as no	t. ct to the applica the applicant. state variations is form, I certify nent regarding state the Conthe client's final ecessary; and to	nt. may that sales tract ncial the
Important Note: Complete this certification's Regarding Existing Policies or Annuity Contractions (Form X0512] - state variations I certify that: (check one) I did not use sales material(s) during the large of t	ection only if the racts and answards and answards and answards and answards and answards and are rial(s) during material(s) during material(s) used to the Acceptage policable) is consurance police best of my known of discuss the Conditional charges; I equirements for cant's statemed accurate.	e applicate ered "Ye on of this age the prededuring obtability consistent cies or a nowledge contract helieve to disclos	Jackson procesentation of g the present with that positive contraction applied his transaction ures and/or	duct to this Jatation vents () sition. acts ar d for; I on is sreplace	the apackson were lead the have the uitable existi	pplicant produ produ fr with 5790 - ning th staten fully exe given s as no ng life	t. act to the applica the applicant. state variations is form, I certify nent regarding s cplained the Con the client's fina ecessary; and to insurance polic	nt. may that sales tract ncial the

Not FDIC/NCUA insured • Not Bank/CU guaranteed • May lose value

Not a deposit • Not insured by any federal agency

Owner's Name (Please print)

Retirement Latitudes (04/09) Fixed and Variable Annuity Application (VA310)



Home Office: Lansing, Michigan
www.jackson.com

Customer Care: 800/873-5654

Bank or Financial Institution Customer Care: 800/777-7779

Hours: 8:00 a.m. to 8:00 p.m. ET

Fax: 800/943-6761

E-Mail: contactus@jackson.com

1234

Broker/Dealer/External Account No. (if applicable)

First Class Mail: P.O. Box 30314

Lansing, MI 48909-7814

Overnight Mail: 1 Corporate Way

Lansing, MI 48951

Registration I	nformatio	n - Please p	rint								
Owner's Name (First) (Middle) J.		(Last) Do	ne e			Date of Birt 01/01/1	th (mm/dd/vvvv) 973	SSN			
Owner's Name (if	owned by a	non-natural ent	tity)	•			•			•	
Physical Address (Required)	23 Anytown				City A	anytown		State USA		ZIP 11111
Mailing Address (if	different fron	n Physical Addre	ess)			City			State		ZIP
Sex M □ F	U.S. Citizen		ne No. (includ 111-111-11	de area code)			E-Mail Addres	ss jdoe@	email.com		•
Joint Owner's Nar	ne (Proceed	s will be distribu	ited in accord	dance with the 0	Contrac	t on the	first death of	either Owne	er.)		
(First)			(Middle)			(Last)				□ ssn [☐ TIN (include dashes)
Physical Address (Required)		C	ity		State		ZIP		Relationship Spouse Other	to Owner (Check One)
Date of Birth (mm/	dd/yyyy)	Sex	U.S. C	Citizen Yes □No	Phon	ie No. (ii	nclude area co	ode)	E-Mail Address		
Annuitant's Name	(if other than	Owner) (First)	(Middle)			(Las	it)			□ ssn [☐ TIN (include dashes)
Physical Address (number and	street)	City			Stat	te	ZIP		Relationship Spouse Other	to Owner (Check One)
Date of Birth (mm/	dd/yyyy)	Sex	U.S. C	Citizen Yes □No	Phon	ie No. (ii	nclude area co	ode)	E-Mail Address		
Joint Annuitant's I	Name (if other	r than Joint Ow	ner) (First)	(Middle)		(Las	st)			☐ SSN [☐ TIN (include dashes)
Physical Address (number and	street)	City			Stat	e	ZIP		Relationship Spouse Other	to Owner (Check One)
Date of Birth (mm/	dd/yyyy)	Sex □M □F	U.S. C	itizen Yes □No	Phon	e No. (i	nclude area co	ode)			

1345

Trade No. (if applicable)

ARIZONA RESIDENTS, PLEASE NOTE: RIGHT TO EXAMINE. On written request, the Company will provide to the contract Owner, within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If, for any reason, the contract Owner is not satisfied, the Contract may be returned to the Company or agent within 10 days (30 days if YOU WERE AGE 65 OR OLDER ON THE DATE THE APPLICATION WAS SIGNED or it was purchased as a replacement contract) after delivery and the Contract Value, without deductions for any sales charges for the business day on which the Contract is received at its Service Center, will be returned.

	signation - Please print						
Percentages must which includes nar	equal 100% for each beneficiary nes, percentages, and other requ	type. For additional bene ired information.	ficiaries,	please attach a se	eparate sheet,	signed and dated by	the Owner,
Primary	Name Jane J. Doe				XI SSN □ 123-45-6	TIN (include dashes) 789	Percentage (%) 100
	Relationship to Owner (Check On Spouse	Date of Birth (mm/dd/yy) 01/01/1973		lress (number and st 3 Anystreet	reet)	City, State, ZIP Anytown, USA 1	1111
□Primary	Name	1	 		☐ SSN ☐	TIN (include dashes)	Percentage (%)
Contingent	Relationship to Owner	Address (number and st	reet)		<u>I</u>	City, State, ZIP	
□Primary	Name	•			☐ SSN ☐	TIN (include dashes)	Percentage (%)
□Contingent	Relationship to Owner	Address (number and st	reet)			City, State, ZIP	
□Primary	Name	•			☐ SSN ☐	TIN (include dashes)	Percentage (%)
□Contingent	Relationship to Owner	Address (number and st	reet)		•	City, State, ZIP	
Annuity Type							
	* ution Years and Amounts: \$	□IRA - SEP □IRA - Stret □Corporate	ch	n Plan 🔲	HR-10 (Keo	fied Savings Plan gh) Plan (Direct Transfer Or	nly)
Transfer Inform	nation						
☐ Non-103 Qualified Plans ☐ Direct T ☐ Direct R	Plans Only S Exchange Only ransfer ollover ect Rollover If yes, cc Anticipat Anticipat Institution Account For appl	request submitted dire implete the following: ed Amount: ed Date of Receipt (minimal releasing funds: Number: icant initiated transfere are instructed other	m/dd/yy	yyy):			
Initial Premiun	1			Annuitization	Income Da	te	
⊠ Check o	nium with application: $\frac{50.0}{100}$ or $\frac{1}{100}$ Wire (check one) ayable to Jackson Nationa		pany®		ate is not sp	dd/yyyy): ecified, the Compa e Date as shown ir	·=
Statement Reg	arding Existing Policies or	Annuity Contracts -	Must c	omplete for "Go	od Order"		
☑ I (We) ☐ I (We) Iife ins	that: (check one) do not have any existing li do have existing life insur urance policies or annuity ement [(X0512] - state vari ant, with the Application.	ance policies or ann contracts you mus ations may apply) a	uity co st pres nd retu	ontracts. Produ ent and read t urn the Notice,	cer: If the A to the Appl signed by	icant the Notice	Regarding
	C	OMPLETE X0512	WHE	RE REQUIRE	D		
Replacement							
⊠No	cing an existing life insu Yes", complete the followir				eck one)		
Company Name			Contrac	t No.		nticipated Transfer Amo	ount
Company Name			Contrac	t No.	A	Anticipated Transfer Amo \$	ount

Optional Death Benefits All optional death benefits may not be available in all states and once selected cannot be changed.	
If no Optional Death Benefit is selected your beneficiary(ies) will receive the standard death benefit. Please see the prospectus for details. May select only one Optional Death Benefit: (Owner Ages 0-79) An Optional Death Benefit may not be selected in combination with LifeGuard Freedom DB (a Guaranteed Minimum Withdrawal Benefit.)	
1. ☐ 5% Roll-Up Death Benefit (4% if the Owner is age 70 or older on the date of issue) 2. ☐ 6% Roll-Up Death Benefit (5% if the Owner is age 70 or older on the date of issue) 3. ☐ Highest Quarterly Anniversary Value Death Benefit 4. ☐ Combination of Options 1 and 3 above 5. ☐ Combination of Options 2 and 3 above Additional charges will apply. Please see the prospectus for details.	

Other Optional Benefits All optional benefits may not be available in all states and once selected cannot be changed. Age limitations apply based on the age of the Annuitant(s), Owner(s) or Covered Lives. Please see the prospectus for details. A. Earnings Protection Benefit **Guaranteed Living Benefit Options (continued)** ☐ EarningsMax® (Ages 0-75) Guaranteed Minimum Withdrawal Benefits (GMWB) ☐ SafeGuard MaxSM (Ages 0-85) B. Withdrawal Options (may select only one) ☐ 20% Free Withdrawal Benefit 1,2 (GMWB with 5-Year Step-Up) ☐ 4-Year Withdrawal Charge Schedule² ☐ AutoGuard® 5 (Ages 0-80) (5% GMWB with Annual Step-Up C. Contract Enhancement Options (Ages 0-87) ☐ LifeGuard FreedomSM (Ages 45-80) (may select only one) (For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up) ☐ 4% of first-year premium ☐ LifeGuard Freedom DB^{SM 3} (Ages 45-75) ☐ 5% of first-year premium ² (For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & **D. Guaranteed Living Benefit Options** Death Benefit) (may select only one GMIB or GMWB) ☐ LifeGuard Freedom with Joint Option ^{4,5} (Ages 45-80) Guaranteed Minimum Income Benefit (GMIB) (Joint For Life GMWB with Bonus, GWB Adjustment, & Annual ☐ FutureGuardSM 6 (Ages 0-75) Step-Up) Additional charges will apply. Please see the prospectus for details. ¹ May not be selected in combination with either the 4% or 5% Contract Enhancements. ² If selected, premium payments will not be accepted after the first Contract Year. ³ May not be selected in combination with an Optional Death Benefit. ⁴ For Non-Qualified plans, spousal joint ownership required unless non-natural owner, then spousal joint annuitants required. Please ensure the Joint Owner section on Page 1 (including the "Relationship to Owner" box) is properly completed. ⁵ For Qualified plans, 100% spousal primary beneficiary designation required. Please ensure the Primary Beneficiary section on Page 2 (including the "Relationship to Owner" box) is properly completed. Not available on Custodial Accounts.

Systematic Investment	
□ Check here for Automatic Rebalancing. Only the Investment Division(s) selected in the Premium Allocation section and the 1-year Fixed Account (if selected) will participate in the program. The 3-, 5- and 7-year Fixed Accounts are not available for Automatic Rebalancing. Frequency: □ Monthly □ Quarterly □ Semi-Annual □ Annual Start Date: □ If no date is selected, the program will begin one month/quarter/half year/year (depending on the frequency you selected) from the date Jackson applies the first premium payment. If no frequency is selected, the frequency will be annual. No transfers made on days 29, 30 or 31, unless set up on an annual frequency.	DCA+ (\$15,000 contract minimum) 030% 6-month 032% 12-month If DCA+ is selected, you must attach the Systematic Investment Form (V2375). DCA+ provides an automatic monthly transfer to the selected Investment Division(s) so the entire amount invested in this program, plus earnings, will be transferred by the end of the DCA+ term selected. If selected, the total number of elections in the Premium Allocation section may not exceed 17.

Premium Allocation	PLEASE SELECT FROM THE FOLLOWING INVESTMENT DIVISIONS AND FIXED ACCOUNT OPTIONS
Freillium Allocation	TOTAL NUMBER OF ELECTIONS BELOW MAY NOT EXCEED 18 TOTAL ALLOCATION MUST EQUAL 100%

Investment Divisions		
Number JNL®/AIM	Number JNL	_/Mellon (continued)
113 <u>100</u> % International Growth	074% S&	P 24
196% Large Cap Growth	223% Val	
206% Global Real Estate	123% S&	P 500 [®] Index
195% Small Cap Growth	124% S&	P 400 MidCap Index
JNL/Capital Guardian	128% Sm	all Cap Index
150% Global Balanced	129% Inte	ernational Index
103% Global Diversified Research	133% Bor	nd Index
250% International Small Cap	054% Enl	hanced S&P 500 Stock Index
102% U.S. Growth Equity	JNL	/Oppenheimer
JNL/Credit Suisse	173% Glo	obal Growth
066% Global Natural Resources	JNL	/PAM
068% Long/Short	272% Asi	a ex-Japan
JNL/Eagle	273% Chi	ina-India
115% Core Equity	JNL	/PIMCO
116% SmallCap Equity	078% Rea	
JNL/Franklin Templeton	127% Tot	
062% Founding Strategy	JNL	/PPM America
069% Global Growth	105% Coi	re Equity
075% Income	136% Hig	· · ·
064% Mutual Shares	293% Mic	
208% Small Cap Value	294% Sm	-
JNL/Goldman Sachs	106% Val	· ·
110% Core Plus Bond		/Red Rocks
059% Emerging Markets Debt	300% List	
207% Mid Cap Value		/Select
076% Short Duration Bond	104% Bal	
JNL/JPMorgan	107% Mo	
126% International Value	179% Val	
101% MidCap Growth		/T. Rowe Price
109% U.S. Government & Quality Bond	111% Est	
JNL/Lazard	112% Mic	
077% Emerging Markets	149% Val	
132% Mid Cap Equity		/S&P Strategic
131% Small Cap Equity	292% S&	- I
JNL/M&G		/S&P Managed
060% Global Basics	227% Coi	-
061% Global Leaders	226% Mo	
JNL/Mellon Capital Management	117% Mo	
224% JNL 5	118% Gro	
145% Dow sm 10	119% Agg	
193% S&P® 10	•	/S&P Disciplined
183% Global 15	070% Mo	<u>-</u>
184% 25	070% Mo	
186% Select Small-Cap	071% NO 072% Gro	ı
079% JNL Optimized 5		ed Account Options
225% VIP	041% 1-y	- I
096% Dow Dividend	041% 1-y 043% 3-y	
299% European 30	043% 3-y 045% 5-y	
222% Nasdaq® 25	045% 5-y 047% 7-y	
298% Pacific Rim 30	04170	
To select CAPITAL PROTECTION PR	OGRAM, please se	ee next page.

-
Capital Protection Program
☐ Yes ☒ No (If no selection is made, Jackson will default to "No.")
If you marked "Yes", which Fixed Account Option do you wish to select for the Capital Protection Program? Select only one.
☐ 1-Year ☐ 3-Year ☐ 5-Year
Having selected the Capital Protection Program, the balance of your initial premium will be allocated as indicated in the Premium Allocation Section on page 4.
Telephone/Electronic Transfers Authorization
Do you wish to authorize these types of transfers?
By checking "Yes", I (We) authorize Jackson National Life Insurance Company (Jackson) to accept fund transfers/allocation changes via telephone, Internet, or other electronic medium from me (us) and my (our) Representative subject to Jackson's administrative procedures. Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures.
Electronic Delivery of Statements/Correspondence
twe) consent ∠ to electronic delivery of the following:
Quarterly statements Deriodic and immediate confirmations Der
This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by e-mail or by notice to you of a document's availability on a web-site.
I (We) do not consent ☐ to electronic delivery for any of the documents listed above.
The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows:
To view and download material electronically, you must have a computer with Internet access, an active e-mail account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.
I (We) do ⊠do not ☐ have readv access to computer hardware and software that meet the above requirements. My e-mail address is:idoe@email.com I (We) will notify the company of any new e-mail address.
There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current e-mail address. Also let Jackson know if that e-mail address changes. We may need to notify you of a document's availability through e-mail. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your e-mail address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

NOTICE TO APPLICANT:

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, TENNESSEE, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: It is a crime to knowingly provide **false**, incomplete or **misleading** information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines and/or a denial of insurance benefits.

MARYLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Page 5 of 6

V5673 04/09

IMPORTANT - Please read carefully - Signature(s) required below.

- 1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
- 2. I (We) certify that the Social Security or Taxpayer Identification number(s) shown above is (are) correct.
- 3. I (We) understand that annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.
- 4. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
- 5. The contract I (We) have applied for is suitable for my (our) insurance and investment objectives, financial situation and needs.
- 6. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my contract value.
- 7. I (We) understand that allocations to the Fixed Account Options are subject to an adjustment if withdrawn or transferred prior to the end of the applicable period, which may reduce amounts withdrawn or transferred.
- 8. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant or Joint Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

Death Benefit or Other Optional Benefits.							
Owner's Name (Please print) John J. Doe	Owner T	Owner Title (If owned by an entity)					
Owner's Signature John J. Doe		Date Signed (mm/dd/y 10/31/2008	ууу)	State where signed USA			
Joint Owner's Signature		Date Signed (mm/dd/yy	yyy)	State where signed			
Annuitant's Signature (if other than Owner)		Date Signed (mm/dd/yy	yyy)) State where signed			
Joint Annuitant's Signature (if other than Joint Owner)		Date Signed (mm/dd/yy	yy)	State where signed			
Producer/Representative Information - Please print							
Producer/Representative's Full Name (First) (Middle) Paul P.		(Last) Producer		Phone No. (include area code) 111-111-1111			
Address (number and street) 123 Anystreet	City Aı	nytown	State		ZIP (xxxxx-xxxx) 11111-1111		
E-Mail Address producer@email.com Contact your ho	. /	or program information. Option B	` —	icated, des	ignated default will be used.)		
Broker/Dealer Name ABC Agency Broker/Dealer Representation	ve No.	1234 Jack	son Produc	cer/Represe	entative No. 1234		
Producer/Representative's Statement - Signature required below	ow - This	s entire section mu	ıst be co	mpleted	d for "Good Order"		
Producer/Representative's Certification Regarding Sales Material Important Note: Complete this certification section only if the applicant answered affirmatively to the Statement Regarding Existing Policies or Annuity Contracts and answered "Yes" to either question 1 or 2 on the Notice Regarding Replacement (Form X0512] - state variations may apply).							
I certify that: (check one)							
I did not use sales material(s) during the presentation	of this	Jackson product t	o the ap	plicant.			
☐ I used only Jackson-approved sales material(s) during In addition, copies of all approved sales material(s) use							
I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) - state variations may apply) and ensure that this replacement (if applicable) is consistent with that position. By signing this form, I certify that the statement regarding any applicable life insurance policies or annuity contracts and the statement regarding sales material have been answered correctly to the best of my knowledge.							
I certify that: I am authorized and qualified to discuss the contract herein applied for; I have fully explained the contract to the client, including contract restrictions and charges; I believe this transaction is suitable given the client's financial situation and needs; I have complied with requirements for disclosures and/or replacements as necessary; and to the best of my knowledge and belief the applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate.							
Producer/Representative's Signature Paul P. Producer					Date Signed (mm/dd/yyyy) 10/31/2008		

Not FDIC/NCUA insured • Not Bank/CU guaranteed • May lose value Not a deposit • Not insured by any federal agency





Home Office: Lansing, Michigan www.jackson.com

Customer Care: 800/873-5654

Bank or Financial Institution Customer Care: 800/777-7779

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E-Mail: contactus@jackson.com

First Class Mail: P.O. Box 30314

Lansing, MI 48909-7814

Overnight Mail: 1 Corporate Way

Lansing, MI 48951

USE DARK INK ONLY - ALL PAGES MUST E	BE COMPLETED FOR "	GOOD ORDER"
Broker/Dealer/External Account No. (if applicable) 1234	Trade No. (if applicable)	1234

Registration Infor	rmation	- Please	print									
Owner's Name (First) John	((Middle) J		(Last) Doe	;		Date of Birth 01/01/19		th (mm/dd/yyyy) .973	SSN		
Owner's Name (if owner	ed by a no	on-natural ei	ntity)									
Physical Address (Requ	12:	3 Anystree				City Anytown State USA				ZIP 11111		
Mailing Address (if differ	rent from I	Physical Add	ress)		•	City			State		ZIP	
	i. Citizen Yes □		ne No. (includ 111-111	•			E-Mail Addre	ess jdoe@	email.com	·		
Joint Owner's Name (F	Proceeds	will be distrib	uted in accord	dance with the C	Contract	on the	first death of	either Owne	er.)			
(First)			(Middle)			(Last)			SSN II TIN (include dashes)			
Physical Address (Required) City			State ZIP			Relationship to Owner (Check One) Spouse Other						
Date of Birth (mm/dd/yy	ууу)	Sex	U.S. C	itizen Yes □No	Phone	e No. (i	nclude area c	ode)	E-Mail Address			
Annuitant's Name (if ot	ther than (Owner) (Firs t) (Middle)			(Las	st)			☐ SSN	☐ TIN (include dashes)	
Physical Address (numb	ber and st	treet)	City			Sta	te	ZIP		Relationship Spouse Other	o to Owner (Check One)	
Date of Birth (mm/dd/yy	ууу)	Sex	U.S. C	itizen Yes □No	Phone	e No. (i	nclude area c	ode)	E-Mail Address			
Joint Annuitant's Name	•		wner) (First)	(Middle)		(La	st)			☐ SSN	☐ TIN (include dashes)	
Physical Address (numb	ber and st	reet)	City			Sta	te	ZIP		Relationship Spouse Other	to Owner (Check One)	
Date of Birth (mm/dd/yy	ууу)	Sex	U.S. C	itizen Yes □No	Phon	e No. (i	nclude area c	ode)				

ARIZONA RESIDENTS, PLEASE NOTE: RIGHT TO EXAMINE. On written request, the Company will provide to the contract Owner, within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If, for any reason, the contract Owner is not satisfied, the Contract may be returned to the Company or agent within 10 days (30 days if YOU WERE AGE 65 OR OLDER ON THE DATE THE APPLICATION WAS SIGNED or it was purchased as a replacement contract) after delivery and the Contract Value, without deductions for any sales charges for the business day on which the Contract is received at its Service Center, will be returned.

V4473 04/09

Beneficiary Designation - Please print									
	equal 100% for each beneficiary ty		aries, please attach a se	parate sheet, s	signed and dated by	the Owner,			
which includes nar	mes, percentages, and other require	ed information.		`-					
Primary	Name Jane Doe			⊠ SSN □ 123-45-6	TIN (include dashes) 789	Percentage (%) 100%			
	Relationship to Owner (Check One)	Date of Birth (mm/dd/yyyy)	Address (number and str	eet)	City, State, ZIP				
	Spouse Other	01/01/1973	123 Anystreet	Anytown, USA 11111					
□Primary	Name		1	SSN D	TIN (include dashes)	Percentage (%)			
Contingent	Relationship to Owner	t)		City, State, ZIP					
□Primary	Name			□ SSN □	TIN (include dashes)	Percentage (%)			
☐ Contingent	Relationship to Owner	Address (number and stree	t)		City, State, ZIP	•			
□Primary	Name			□ SSN □	TIN (include dashes)	Percentage (%)			
Contingent	Relationship to Owner		City, State, ZIP						
Annuity Type									
☐ IRA - Roth *Tax Contribu	☐ IRA - Traditional* ☐ IRA - Roth* ☐ IRA - Stretch ☐ IRA - Stretch ☐ URA - St								
Transfer Inform	mation								
☐ Non-10: Qualified Plans ☐ Direct T ☐ Direct R	☐ IRC 1035 Exchange ☐ Non-1035 Exchange Qualified Plans Only ☐ Direct Transfer ☐ Direct Rollover ☐ Non-Direct Rollover ☐ Non-Direct Rollover ☐ IRC 1035 Exchange Anticipated Amount: Anticipated Amount: Anticipated Jate of Receipt (mm/dd/yyyy): Institution releasing funds: Account Number: For applicant initiated transfers, Jackson sM will not take any action to initiate this transfer unless we are instructed otherwise.								
Initial Premium Annuitization Income Date									
⊠ Check o	nium with application: \$ 50.0 or □ Wire (check one) oayable to Jackson National L			ate is not spe	ld/yyyy): ecified, the Compa e Date as shown ir	=			
Statement Reg	parding Existing Policies or A	nnuity Contracts - Mเ	ıst complete for "Go	od Order"					
I (We) certify that: (check one) ☑ I (We) do not have any existing life insurance policies or annuity contracts. ☐ I (We) do have existing life insurance policies or annuity contracts. Producer: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Notice Regarding Replacement [X0512] - state variations may apply) and return the Notice, signed by both the Producer and the Applicant, with the Application.									
COMPLETE X0512 WHERE REQUIRED									
Replacement									
Are you replacing an existing life insurance policy or annuity contract? (check one) ☑ No ☐ Yes If "Yes", complete the following replaced company information.									
Company Name		Co	ontract No.	ct No. Anticipated Transfer Amoun \$					
Company Name			Contract No. Anticipated Transfer Amount \$			ount			

Page 2 of <u>6</u> V4473 04/09

Optional Death Benefits All optional death benefits may not	be available in all states and once selected cannot be changed.							
	ficiary(ies) will receive the standard death benefit. Please see the prospectus							
May select only one Optional Death Benefit: (Owner Ages 0-79) An Optional Death Benefit may not be selected in combination with LifeGuard Freedom DB (a Guaranteed Minimum Withdrawal Benefit.)								
1. □ 5% Roll-Up Death Benefit (4% if the Owner is age 70 or older on the date of issue) 2. □ 6% Roll-Up Death Benefit (5% if the Owner is age 70 or older on the date of issue) 3. □ Highest Quarterly Anniversary Value Death Benefit 4. □ Combination of Options 1 and 3 above								
5. ☐ Combination of Options 2 and 3 above								
	available in all states and once selected cannot be changed. nuitant(s), Owner(s) or Covered Lives. Please see the prospectus for details.							
A. Earnings Protection Benefit	Guaranteed Living Benefit Options (continued)							
□ EarningsMax® (Ages 0-75) B. Contract Enhancement Option (Ages 0-87) □ 2% of first-year premium C. Guaranteed Living Benefit Options (may select only one GMIB or GMWB) Guaranteed Minimum Income Benefit (GMIB) □ FutureGuard 6 (Ages 0-75)	Guaranteed Minimum Withdrawal Benefits (GMWB) □ SafeGuard Max sM (Ages 0-85) (GMWB with 5-Year Step-Up) □ AutoGuard® 5 (Ages 0-80) (5% GMWB with Annual Step-Up) □ AutoGuard 6 (Ages 0-80) (6% GMWB with Annual Step-Up) □ LifeGuard Freedom SM (Ages 45-80) (For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up) □ LifeGuard Freedom DB ^{SM 1} (Ages 45-75) (For Life GMWB with Bonus, GWB Adjustment, Annual Step-Up, & Death Benefit) □ LifeGuard Freedom with Joint Option ^{2, 3} (Ages 45-80) (Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up) □ LifeGuard Select ^{SM 4} (Ages 55-80) (For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up) □ LifeGuard Select with Joint Option ^{2, 3, 4} (Ages 55-80) (Joint For Life GMWB with Bonus, GWB Adjustment, & Annual Step-Up)							
Additional charges will apply. Please see the prospectus for details. 1 May not be selected in combination with an Optional Death Benefit. 2 For Non-Qualified plans, spousal joint ownership required unless non-natural owner, then spousal joint annuitants required. Please ensure the Joint Owner section on Page 1 (including the "Relationship to Owner" box) is properly completed. 3 For Qualified plans, 100% spousal primary beneficiary designation required. Please ensure the Primary Beneficiary section on Page 2 (including the "Relationship to Owner" box) is properly completed. Not available on Custodial Accounts. 4 If selected, the total number of elections in the Premium Allocation section may not exceed 17. Systematic Investment								
☐ Check here for Automatic Rebalancing. Or	nly the Investment Division(s) selected in the Premium Allocation Section will							
participate in the program. The Fixed Account Option Frequency: Monthly Quarterly Semi-Annual Annual	is not available for Automatic Rebalancing.							

If no date is selected, the program will begin one month/quarter/half year/year (depending on the frequency you selected) from the

date Jackson applies the first premium payment. If no frequency is selected, the frequency will be annual. No transfers made on days 29, 30 or 31, unless set up on an annual frequency.

Start Date: _

Premium Allocation PLEASE SELECT FROM THE FOLLOWING INVESTMENT DIVISIONS AND FIXED ACCOUNT OPTION TOTAL NUMBER OF ELECTIONS BELOW MAY NOT EXCEED 18 TOTAL ALLOCATION MUST EQUAL 100%

ſ			Investment Divisions			
┪	Number	r	JNL®/AIM	Numbe	er	JNL/Mellon (continued)
	113	100 %	International Growth	242	%	Index 5
	196	%	Large Cap Growth	243	%	10 x 10
	206		Global Real Estate	191	%	Communications Sector
	195		Small Cap Growth	185	%	Consumer Brands Sector
			JNL/Capital Guardian	189	%	Financial Sector
	150	%	Global Balanced	188	%	Healthcare Sector
	103	%	Global Diversified Research	190	%	Oil & Gas Sector
	250	%	International Small Cap	187	%	Technology Sector
	102		U.S. Growth Equity	054		Enhanced S&P 500 Stock Index
			JNL/Credit Suisse			JNL/Oppenheimer
	066	%	Global Natural Resources	173	%	Global Growth
	068	%	Long/Short			JNL/PAM
			JNL/Eagle	272	%	Asia ex-Japan
	115	%	Core Equity	273	%	China-India
	116	%	SmallCap Equity			JNL/PIMCO
			JNL/Franklin Templeton	078	%	Real Return
	062	%	Founding Strategy	127	%	Total Return Bond
	069	%	Global Growth			JNL/PPM America
	075	%		105		Core Equity
	064		Mutual Shares	136		High Yield Bond
	208	%	Small Cap Value	293		Mid Cap Value
			JNL/Goldman Sachs	294		Small Cap Value
	110		Core Plus Bond	106	%	Value Equity
	059		Emerging Markets Debt			JNL/Red Rocks
	207		Mid Cap Value	300	%	Listed Private Equity
	076	%	Short Duration Bond			JNL/Select
			JNL/JPMorgan	104	%	
	126		International Value	107		Money Market
	101		MidCap Growth	179	%	Value
	109	%	U.S. Government & Quality Bond		0.4	JNL/T. Rowe Price
			JNL/Lazard	111		Established Growth
	077		Emerging Markets	112		Mid-Cap Growth
	132		Mid Cap Equity	149	%	Value
	131	%	Small Cap Equity	202	0/	JNL/S&P Strategic S&P 4
	000	0/	JNL/M&G Global Basics	292 274		Competitive Advantage
	060 061		Global Leaders	278		Dividend Income & Growth
	061			279		Intrinsic Value
	224	0/_	JNL/Mellon Capital Management JNL 5	280		Total Yield
	145	%		200		JNL/S&P Managed
	193	%		227	%	Conservative
	183	%		226		Moderate
	184	%		117		Moderate Growth
	186		Select Small-Cap	118		Growth
	079		JNL Optimized 5	119		Aggressive Growth
	225	%	VIP			JNL/S&P Retirement
	096		Dow Dividend	097	%	Retirement Income
	299	%	European 30	098	%	Retirement 2015
	222		Nasdaq [®] 25	099	%	Retirement 2020
	244		NYSE® International 25	100	%	Retirement 2025
	298		Pacific Rim 30			JNL/S&P Disciplined
	074	%	S&P 24	070	%	Moderate
	248		S&P SMid 60	071	%	Moderate Growth
	223		Value Line® 30	072	%	Growth
	123		S&P 500® Index	027	%	Fixed Account Option
	124		S&P 400 MidCap Index			Automatic transfer of funds over a
	128	%	Small Cap Index			6-month period is required. You
	129		International Index			must attach a Directed Transfer
\dashv	<u>1</u> 33	%	Bond Index			form (V4490).
L						

Telephone/Electronic Transfers Authorization

Do you wish to authorize these types of transfers?

XYes □ No

By checking "Yes", I (We) authorize Jackson National Life Insurance Company (Jackson) to accept fund transfers/allocation changes via telephone, Internet, or other electronic medium from me (us) and my (our) Representative subject to Jackson's administrative procedures. Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures.

I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, notwithstanding subsequent allegations of error or mistake in connection with any such transaction instruction.

If no election is made, Jackson will default to "No" for residents of North Dakota and New Hampshire and to "Yes" for residents of all other states.

Electronic Delivery of Statements/Correspondence

I (We) consent to electronic delivery of the following:

☑ quarterly statements ☑ prospectuses and prospectus supplements

🗓 periodic and immediate confirmations 🛛 proxy and other voting materials, related correspondence

🛮 annual and semi-annual reports 🔻 other documents from Jackson National Life Insurance Company.

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by e-mail or by notice to you of a document's availability on a web-site.

I (We) do not consent ☐ to electronic delivery for any of the documents listed above.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows:

To view and download material electronically, you must have a computer with Internet access, an active e-mail account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

I (We) do part do not ☐ have ready access to computer hardware and software that meet the above requirements. My e-mail address is: _______idoe@email.com _____. I (We) will notify the company of any new e-mail address.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current e-mail address. Also let Jackson know if that e-mail address changes. We may need to notify you of a document's availability through e-mail. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your e-mail address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

NOTICE TO APPLICANT:

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, TENNESSEE, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In COLORADO, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines and/or a denial of insurance benefits.

MARYLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IMPORTANT - Please read carefully - Signature(s) required below.

- 1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
- 2. I (We) certify that the Social Security or Taxpayer Identification number(s) shown above is (are) correct.
- 3. I (We) understand that annuity benefits, death benefit values, and withdrawal values, if any, when based on the investment experience of an Investment Division in the separate account of Jackson, are variable and may be increased or decreased, and the dollar amounts are not guaranteed.
- 4. I (We) have been given a current prospectus for this variable annuity and for each available Investment Division.
- 5. The contract I (We) have applied for is suitable for my (our) insurance and investment objectives, financial situation and needs.
- 6. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my contract value.
- 7. I (We) certify that the age of the Owner and any Joint Owner, primary spousal Beneficiary, Annuitant or Joint Annuitant, if applicable, stated in this application are true and correctly recorded for purposes of electing an Optional Death Benefit or Other Optional Benefits.

Owner's Name (Please print) John J. Doe	Owner Title (If owned by an entity)						
Owner's Signature John J. Doe		Date Signed (mm/ 10/31/2008	dd/yyyy)	State w	here signed USA		
Joint Owner's Signature		Date Signed (mm/d	dd/yyyy)	State w	here signed		
Annuitant's Signature (if other than Owner)		Date Signed (mm/d	dd/yyyy)	State w	here signed		
Joint Annuitant's Signature (if other than Joint Owner)		Date Signed (mm/d	dd/yyyy)	State w	here signed		
Producer/Representative Information - Please print							
Producer/Representative's Full Name (First) (Middle) Paul P		(Last) Producer		Phone No. (111-111-	include area code) 1111		
Address (number and street) 123 Anystreet	City A	nytown	State	USA	ZIP (xxxxx-xxxx) 11111-1111		
E-Mail Address producer@email.com Contact your he		or progr <u>am</u> informat Option B	ion. (If none i	ndicated, de	signated default will be used.)		
Broker/Dealer Name ABC Agency Broker/Dealer Representation	ive No.	23	Jackson Prod	lucer/Repres	sentative No.		
Producer/Representative's Statement - Signature required bel	ow - Thi	s entire section	must be	complete	d for "Good Order"		
Producer/Representative's Certification Regarding Sales Material Important Note: Complete this certification section only if the applicant answered affirmatively to the Statement Regarding Existing Policies or Annuity Contracts and answered "Yes" to either question 1 or 2 on the Notice Regarding Replacement (Form X0512] - state variations may apply).							
I certify that: (check one)							
 ☑ I did not use sales material(s) during the presentation of this Jackson product to the applicant. ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant. 							
I have read Jackson's Position With Respect to the Acceptability of Replacements [XADV5790] - state variations may apply) and ensure that this replacement (if applicable) is consistent with that position. By signing this form, I certify that the statement regarding any applicable life insurance policies or annuity contracts and the statement regarding sales material have been answered correctly to the best of my knowledge.							
I certify that: I am authorized and qualified to discuss the contract herein applied for; I have fully explained the contract to the client, including contract restrictions and charges; I believe this transaction is suitable given the client's financial situation and needs; I have complied with requirements for disclosures and/or replacements as necessary; and to the best of my knowledge and belief the applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate.							
Producer/Representative's Signature $Paul\ P.\ Producer$ $Date\ Signed\ (mm/dd/yyyy) \\ 10/31/2008$							

Not FDIC/NCUA insured • Not Bank/CU guaranteed • May lose value Not a deposit • Not insured by any federal agency

SERFF Tracking Number: JACK-125879671 State: Arkansas

Filing Company: Jackson National Life Insurance Company State Tracking Number: 40768

Company Tracking Number: VDA 210 04/09, ET AL

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: Fixed and Variable Annuity Application

Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: VDA 210 04/09, ET AL

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: Fixed and Variable Annuity Application

Project Name/Number: Fixed and Variable Annuity Application/VDA 210 04/09, et al

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/29/2008

Comments:

Since these applications will only be used with variable contracts, which are regulated as a security by the Security and Exchange Commission, they are not subject to readability requirements.

Attachment:

AR Cert Notice.pdf

Review Status:

Satisfied -Name: Application 10/29/2008

Comments:

See Form Schedule Tab

Review Status:

Satisfied -Name: Statement of Variability 10/31/2008

Comments:

Attachment:

Statement of Variability (BASE).pdf

CONSENT TO SUBMIT RATES AND/OR COST BASIS FOR APPROVAL

The Jackson National Life Insurance Company of Lansing, Michigan does hereby consent and agree:

A) that all premium rates and/or cost basis both "maximum" and "current or projected," used in relation to form numbers VDA 210 04/09, VDA 220 04/09, VDA 310 04/09 and VDA 410 04/09 must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost basis shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost basis prior to the expiration of sixty (60) days.

or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Jackson National Life Insurance Company

By:

Julie Hughes

Julie A. Hughes

Assistant Vice-President

Product Drafting and State Filing Department

Date: November 3, 2008

JACKSON NATIONAL LIFE INSURANCE COMPANY STATEMENT OF VARIABILITY

Form Numbers: VDA 210 04/09, VDA 220 04/09, VDA 310 04/09, and VDA 410 04/09.

Page(s)	Bracketed (Variable)	Range of Variables
1 & 5	[Home Office: Lansing, Michigan	This is the current home office address, city/state and website of
. 3. 3	www.jackson.com]	Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1	[Perspective L Series (04/09)] [Perspective II (04/09)] [Retirement Latitudes (04/09)] [Perspective Advisors II (04/09)]	This is the current marketing name for this contract. The marketing name on the applications may change to correspond with any changes made to the marketing name of the contracts.
1	[(VA210)] [(VA220)] [(VA310)] [(VA410)]	This is the current underlying contract with which this application will be used. This form number could change to reflect a different approved contract.
1	Service Center Mailing Address and Contact Information	These are the current post office boxes and toll-free telephone numbers of Jackson's Service Centers. In the future, if changed, this will reflect a valid street address within the confines of the United States, as well as a valid telephone number and email address.
1 & 5	Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
1-6	State Identification [Michigan]	[Michigan], [MI] or no state identification at all.
1-6	Control Number [V4673 04/09] Control Number [V4173 04/09] Control Number [V5673 04/09] Control Number [V4473 04/09]	This number would change if there were a change to the bracketed information on the application requiring revision of the applications. If changed, this will reflect a revised control number and/or revision date.
2	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes regarding annuity types made by IRS rules would be changed in this section as well.
2	Transfer Information [Non-Qualified Plans Only IRC 1035 Exchange Non-1035 Exchange Qualified Plans Only Direct Transfer Direct Rollover Non-Direct Rollover	These are the current transfer options offered by the Company. Any different information will reflect new market options.
2 & 6	Notice Regarding Replacement form [X0512], or Position With Respect to the Acceptability of Replacement Materials [XADV5790]	These are the current form numbers for the administrative forms listed. In the future, if changed, this will reflect an updated administrative form number.
3	Optional Death Benefits	These are the Optional Death Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
3	Other Optional Benefits	These are the Other Optional Benefits options offered by the Company. Additional benefits may be added (as approved) or removed.
3	Automatic Rebalancing option	These are the current rebalancing options offered by the company. Any different information will reflect currently available rebalancing options offered by the Company.
3	DCA+ option	These are the current DCA+ options offered by the company. Any different information will reflect currently available DCA+ options offered by the Company.
4	Number of Premium allocations allowed: [18]	This is the number of allocations that are currently allowed by our IT systems. The number of allocations may change as our IT systems are upgraded, not exceed 50.
4	Premium Allocation section. Investment Division names and numbers	These are the current Investment Divisions offered by the Company and their administrative numbers. In the future, if changed, the Investment Divisions offered by the Company and their administrative number will reflect Investment Division names that have been appropriately filed with the SEC.
4	Fixed Account Options names and numbers	These are the current Fixed Account Options offered by the Company and their administrative numbers. The Company may offer one Fixed Account Option or any combination of Fixed Account Options based upon the yield on investments available to the Company in relation to the statutory minimum interest rate.
5	Capital Protection Program (for products where available)	These are the current capital protection options offered by the company. Any different information will reflect currently available rebalancing

Page(s)	Bracketed (Variable)	Range of Variables					
		options offered by the Company.					
5	Telephone/Electronic Transfers Authorization If no election is made, Jackson will default to "No" for residents of [North Dakota and New Hampshire] and to "Yes" for residents of all other states.	These are the states that currently require the Company to default to No for authorization of telephone/electronic transfers. Any additional states will reflect a requirement made by that state.					
5	Electronic Delivery of Statements/Correspondence [□ quarterly statements □ periodic and immediate confirmations □ annual and semi-annual reports □ prospectuses and prospectus supplements □ proxy and other voting materials, related correspondence □ other documents from Jackson National Life Insurance Company.]	These are the current documents offered via electronic by the Company. Any different information will reflect new statements or correspondence provided by the Company.					
5	[www.adobe.com]	This is this website for Adobe Systems Incorporated. Any different web address will reflect the current website where Adobie Acrobat Reader or other software program may be downloaded.					
6	Producer / Representative Information Commission Options [□ Option A etc.]	These are the current commission options available to the Producer. The Company could add options or delete options.					